

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

09/000301

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	1		1			
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12	1		1			
13		1		1		
14		1		1		
15		1		1		
16	1		1			
17	1		1			
18		2		2		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5		9			
TOTAL DEP.		1		1		
TOTAL CLAIMS	5	1	9	1		

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						